

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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thi	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROD	UCER							CONTAC NAME:	СТ				
Marsh Risk & Insurance Services CA License #0437153								PHONE FAX					
								(A/C, No, Ext): (A/C, No):					
		South Figueroa Street Angeles, CA 90017						ADDRE	SS:				
		n: LosAngeles.CertRequest@Marsh.Com						INSURER(S) AFFORDING COVERAGE					NAIC#
CN10		4-STND-GAUE-18-19 Los An	GLAI	.P	08	2020		INSURE	RA: ACE Ameri	can Insurance Co	mpany		22667
INSURED AECOM URS Corporation 915 Wilshire Boulevard, Suite 700 Los Angeles, CA 90017						INSURER B: N/A					N/A		
						INSURER C: Illinois Union Insurance Co					27960		
						INSURER D: SEE ACORD 101							
	LUS	Angeles, CA 90017						INSURE	RE:				
								INSURE	RF:				
COVERAGES CERTIFICATE NUMBER:						LOS	-002145293-24		REVISION NUMBER:				
TH	IS IS	TO CERTIFY THAT THE POLICIES	OF	NSUF	RANCE	LISTED E	BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POL	LICY PERIOD
	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS												
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,												
	CLUS	IONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS	SHOWN	MAY HAVE	BEEN R	EDUCED BY	PAID CLAIMS.			
NSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY	NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	ХС	OMMERCIAL GENERAL LIABILITY			HDO G	71093669			04/01/2018	04/01/2019	EACH OCCURRENCE	\$	1,000,000
											DAMAGE TO RENTED		1 000 000

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			HDO G71093669	04/01/2018	04/01/2019	EACH OCCURRENCE	\$ 1,000,00	)00
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	)00
							MED EXP (Any one person)	\$ 5,00	000
							PERSONAL & ADV INJURY	\$ 1,000,00	000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00	)00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,0	)00
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			ISA H25157229	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	)00
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SEE ACORD 101	04/01/2018	04/01/2019	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 2,000,00	)00
	(Mandatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	*	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,00	100
С	ARCHITECTS & ENG.			EON G21654693	04/01/2018	04/01/2019	Per Claim/Agg	2,000,0	J00
	PROFESSIONAL LIAB.			"CLAIMS MADE"			Defense Included		
<u> </u>						I			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Contract # PW14047. As-Needed Environmental Compliance Manager Services.

County of Los Angeles is named as additional insured for GL coverage, but only as respects work performed by or on behalf of the named insured and where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract with respect to the GL & AL coverages. Waiver of Subrogation is applicable where required by written contract with respect to GL and AL. Severability Of Interest/Cross Liability is included for General Liability coverage.

CERTIFICATE HOLDER	CANCELLATION				
County of Los Angeles Department of Public Works Land Development Division Attention: Erayna Chang 900 South Fremont Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Alhambra, CA 91803	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services				
	James L. Vogel				

AGENCY CUSTOMER ID: CN101348564

LOC #: Los Angeles



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED		
Marsh Risk & Insurance Services	AECOM URS Corporation		
POLICY NUMBER	915 Wilshire Boulevard, Suite 700 Los Angeles, CA 90017		
CARRIER			
		EFFECTIVE DATE:	

### ADDITIONAL REMARKS

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation/Employer Liability cont.

Policy Number Insurer States Covered WLR C64788759 Indemnity Insurance Company of North America - NAIC # 43575 AOS

WLR C64788723 ACE American Insurance Company - NAIC # 22667 CA and MA
SCF C64788747 ACE American Insurance Company - NAIC # 22667 WI Retro

WCU C64788802 ACE American Insurance Company - NAIC # 22667 OH, Ohio Qualified Self Insured (QSI) - SIR: \$500,000; Only applicable to specific

qualified

entities self-insured in the state of Ohio

Waiver of Subrogation is applicable where required by written contract with respect to WC. If the insurer for the Workers Compensation policy cancels its policy for any reason other than for non-payment of premium, the insurer will provide 30 days notice of cancellation to those Certificate Holders that require it by written contract.

POLICY NUMBER: ISA H25157229

COMMERCIAL AUTO CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	AECOM	
Endorsement Eff	ective Date:	 

#### SCHEDULE

### Name(s) Of Person(s) Or Organization(s):

Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s agreed to include as an additional insured under a written co the date of loss.	<ul> <li>Any person or organization whom you have entract, provided such contract was executed prior to</li> </ul>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Endorsement Number: 8

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

Name Of Person Or Organization: Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above